

# CPA LICENSE APPLICATION



Office of the Secretary of the State  
Connecticut State Board of Accountancy  
Form SBA-5 (Rev. 2/12)

For Board use only!

Check No. \_\_\_\_\_

Transaction Date \_\_\_\_\_

Amount Received \_\_\_\_\_

ID No. \_\_\_\_\_

## GENERAL INSTRUCTIONS

Use this form **only** if you are the holder of a Connecticut CPA Certificate and wish to obtain an individual CPA License in order to be authorized unlimited use of the title Certified Public Accountant & the initials CPA. The License is also required for all owners of a CPA Firm who work in Connecticut. All applications for a CPA License will be placed on the next available Board meeting agenda for approval (the Board typically meets monthly). The CPA License is valid for the remainder of the calendar year in which it is granted (Jan. 1 - Dec. 31).

Please type or print all requested information. Mail completed forms to State Board of Accountancy, Payment Center, P.O. Box 150477, Hartford, CT 06115-0477 accompanied by a payment for **\$150.00** for an initial application **or** a payment for **\$565.00** for a reinstatement application made payable to the Treasurer State of Connecticut. For credit card payments you will need to download *the separate Credit Card Payment Sheet* that must be submitted along with this form to the address provided on the separate payment sheet. The separate *Credit Card Payment Sheet* can be found on our web-site, under forms.

**Please Note:** If you were licensed in the last calendar year **AND** needed to be licensed effective JANUARY 1<sup>ST</sup> an additional late fee of **\$250.00** along with the license reinstatement fee of **\$565.00** (for a total of **\$815.00**) **WILL NEED TO SENT BEFORE YOUR APPLICATION WILL BE PROCESSED.**

1. Check the appropriate block indicating the type of application. Reinstatement applicants must report completion of continuing education on the reverse side of this form.

2. Provide your name and complete address with your home, work phone numbers and email address.

3. Provide the number of your Connecticut CPA Certificate & your CPA License number if you are applying for reinstatement.

4. Provide the other jurisdictions in which you have applied for or hold a CPA Certificate or License - check all blocks that apply.

5. Review the form for completeness - sign & date.

### 1. Application type (check the appropriate block)

☐ Initial Application    ☐ Reinstatement Application (complete reverse side of form)

☐ Reinstatement Application with late fee (complete reverse side of form)

### 2. Applicant's name and address:

Home Phone (     )     -     Work Ph (     )     -

Email Address: \_\_\_\_\_

### 3. CPA Certificate number & License number

Connecticut CPA Certificate number \_\_\_\_\_

Connecticut CPA License number \_\_\_\_\_

### 4. Other jurisdictions in which you have applied for or hold a CPA Certificate or Licenses (check all blocks which apply)

- |                                     |  |   |  |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Alabama    | <input type="checkbox"/> Kansas        | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Utah              |
| <input type="checkbox"/> Alaska     | <input type="checkbox"/> Kentucky      | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> Vermont           |
| <input type="checkbox"/> Arizona    | <input type="checkbox"/> Louisiana     | <input type="checkbox"/> New York       | <input type="checkbox"/> Virginia          |
| <input type="checkbox"/> Arkansas   | <input type="checkbox"/> Maine         | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Washington        |
| <input type="checkbox"/> California | <input type="checkbox"/> Maryland      | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> W. Virginia       |
| <input type="checkbox"/> Colorado   | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Wisconsin         |
| <input type="checkbox"/> Delaware   | <input type="checkbox"/> Michigan      | <input type="checkbox"/> Oklahoma       | <input type="checkbox"/> Wyoming           |
| <input type="checkbox"/> Florida    | <input type="checkbox"/> Minnesota     | <input type="checkbox"/> Oregon         | <input type="checkbox"/> Wash. DC          |
| <input type="checkbox"/> Georgia    | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> Pennsylvania   | <input type="checkbox"/> Guam              |
| <input type="checkbox"/> Hawaii     | <input type="checkbox"/> Missouri      | <input type="checkbox"/> Rhode Island   | <input type="checkbox"/> Puerto Rico       |
| <input type="checkbox"/> Idaho      | <input type="checkbox"/> Montana       | <input type="checkbox"/> South Carolina | <input type="checkbox"/> US Virgin Islands |
| <input type="checkbox"/> Illinois   | <input type="checkbox"/> Nebraska      | <input type="checkbox"/> South Dakota   | <input type="checkbox"/> Canada            |
| <input type="checkbox"/> Indiana    | <input type="checkbox"/> Nevada        | <input type="checkbox"/> Tennessee      | <input type="checkbox"/> Mexico            |
| <input type="checkbox"/> Iowa       | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Texas          | <input type="checkbox"/> Other Countries   |

### 5. Sign & Date

Applicant \_\_\_\_\_

Date \_\_\_\_\_

This space for Board use only!

Lic. No. \_\_\_\_\_ Date Approved \_\_\_\_\_

CPA LICENSE APPLICATION

Continuing Education Reporting  
(For License Reinstatement Applicants Only!)  
Please complete this form in its entirety.

If additional space is needed you may photocopy this page in order to provide all of the required information.

Applicants for reinstatement must report completion of forty (40) hours of continuing gathered in the year immediately preceding the submission of this form.

A reinstatement applicant who has not held an active license within five years of the application is required to gather thirty-two (32) hours of continuing education out of the forty (40) in Accounting and Auditing subject area.

Program Sponsor	Program Location	Program Title or Description	Date(s) Attended *entire date required (mm/dd/yy)	Program type (see codes below)	CE Hours
Total					

Please use the following codes to complete the Program Type Column

- I = Instructor at a CE course or program (maximum of 20 CE hrs per year)
- P = Participant or attendee at a CE course, seminar or program
- S = Self Study Course (unlimited)
- A = Author credit is being claimed (maximum of 10 CE hrs per year)
- E = Ethics course credit being claimed